



REQUEST FOR MODIFICATION: Time Extension
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

Grantee Information

Grant Number: _____ Date: _____

Grantee Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Extension Request

Original Ending Date: _____ Proposed Ending Date: _____

Length of Request: _____ Have you previously extended this contract? Yes ☐ No ☐

Reasons for Change:

Will outcomes change? If yes, please explain. _____

Send To:

For Any Inquires Contact:

ATTN: Market Development
Indiana Department of Workforce Development
10 N. Senate Avenue, SE205
Indianapolis, IN 46204-2277

Brett Wineinger
Email: Bwineinger@dwd.in.gov
Phone: 317-233-5514
Fax: 317-232-1821

Applicant Authorization:

Name

Title

Signature

Date

Internal Use Only

Approved by: _____

Date: _____